



# **SAMHSA-HRSA** CENTER for INTEGRATED HEALTH SOLUTIONS

**Exploring and Involving a Person's  
Circle of Support to Improve Their  
Health and Recovery**

**Presenters:**

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New York University and National Council

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PSA Behavioral Health Agency

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## Moderators:

Linda Ligenza, Clinical Services Director  
and CIHS Liaison, National Council for  
Behavioral Health and CIHS







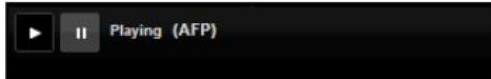

Roara Michael, Associate, CIHS



# Before We Begin

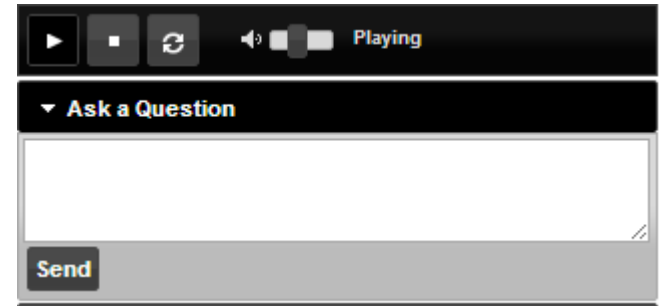
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# Before We Begin

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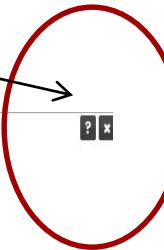


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# Today's Speakers



# Anthony Salerno, Ph.D.



In New York State, Dr. Salerno has developed system-wide strategies to promote evidence-based practices, with a particular emphasis on health self-management and family psycho-education. Dr. Salerno was the lead author of the Wellness Self-Management Plus workbook that integrates mental health, substance use and physical health topics.

As a senior consultant with the National Council, Dr. Salerno provides consultation and technical assistance to numerous organizations implementing integrated care models for individuals with serious mental health problems. As a faculty member with the McSilver Institute for Poverty Policy and Research affiliated with the Silver School of Social Work, New York University, Dr. Salerno assists organizations serving impoverished communities to systematically adopt and sustain practice innovations.

# Linda Ligenza, LCSW



Linda is a licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health. She provides guidance and technical assistance to SAMHSA-HRSA grantees on integrating primary care and behavioral health on behalf of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). Linda's expertise in trauma and trauma-informed care further assists the CIHS audience to improve practices, policies, procedures and outcomes

Ms. Ligenza has a background in clinical, administrative and public policy work based on her 30 year career. She worked first with the New York State Office of Mental Health and subsequently with HHS Substance Abuse Mental Health Services Administration (SAMHSA) in their Traumatic Stress Services branch of the Center for Mental Health Services



# Barbara Di Clemente-Green, BHT,CFSP

Barbara is the Director of the in Home Adult PSA Respite Services for families and peers. She provides guidance and family support for all PSA sites across Arizona. Her visionary exploits have positioned her to implement policy measures for ACHCCS. In addition, She was instrumental in developing the Family Standardization training for family members to become credentialed in “Family Peer Support” across Arizona. She has provided community outreach services for Magellan and sits on numerous SMI advisory committees for adults. She has delivered presentations for Arizona State University (ASU) and the Southwestern School for Behavioral Health studies on the importance of Family Recovery.

Barbara is certified to teach Mental Health First Aid - Adult and Youth and Public Safety Certification courses through the National Council, since 2009. Throughout her 26 year career, her passion has been in educating family members to utilize the NAMI Family to Family curriculum and she has the distinction of facilitating one of the longest running family support groups to date. She has also attained the clinical trauma specialist for families certification and her desire is that family members become partners in their loved ones recovery and never give up hope.

**Mental Health—Everyone Has it**



# Learning Objectives

- Understand the value of working with families and others in the person's social network to support and promote the achievement of a consumer's personally meaningful whole health goals
- Recognize the benefits of a consumer centered consultation model for the consumer, family/friends of the consumer and the practitioner
- Engage a consumer in identifying his/her natural supports that comprise his/her 'Circle of Support'
- Apply a consumer centered approach to inform and engage consumers in deciding who to involve and in what way they would like a member of their social network involved
- Describe strategies on: a) how to connect with families/friends, b) when to engage and how to define areas of focus, and c) planning interventions with family/friends

# Agenda

- Alignment of Family Involvement and Recovery Oriented Services
- Why Family Involvement Helps
- One Model of Family Involvement
- Spectrum of Family Involving Services
- Voice From the Field
- Next Steps

# Polling Question

How important is it to explore engaging one or more people in a clients family/social network to support his/her recovery?

- A. Very Important
- B. Important
- C. Neutral
- D. Not important

# Polling Question

How often do you discuss with your clients who they may want to involve in their recovery?

1. Very often
2. Much of the time
3. Occasionally
4. Hardly ever

# Substance Abuse and Mental Health Services Administration (SAMHSA)

## Definition of Recovery:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

# Four Major Dimensions that Support a Life in Recovery

**Health:** overcoming or managing one's disease(s) or symptoms...and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing

**Home:** a stable and safe place to live

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

**Community:** *relationships and social networks that provide support, friendship, love, and hope*

SAMHSA, 2011

# Why One's Social Network is Important

- An individual's social network is one of the most significant factors in building personal resilience, managing stress and chronic health conditions, and promoting health and wellness
- Individuals who have experienced significant BH difficulties are at greater risk of having a limited social support network
- BH and PC organizations do not typically establish routine approaches to exploring and engaging the consumer's circle of support as a resource to promoting health and recovery
- A recent special edition in APA's Health Psychology Journal (2014) emphasized this point through a comprehensive review of the research literature demonstrating the important role of social networks in adult health.  
(<https://www.apa.org/pubs/journals/releases/hea-0000103.pdf>)
- In fact, one study concluded that the influence of social relationships on risk for mortality is comparable to that of smoking and alcohol consumption (Holt-Lunstad et al., 2010).



# What the Research Tells Us: Family Contact and Support Helps

Among individuals with schizophrenia not living with family, those with family contact had better work and overall school performance

A study of over 900 individuals with schizophrenia in Australia found association between family contact and better social role functioning

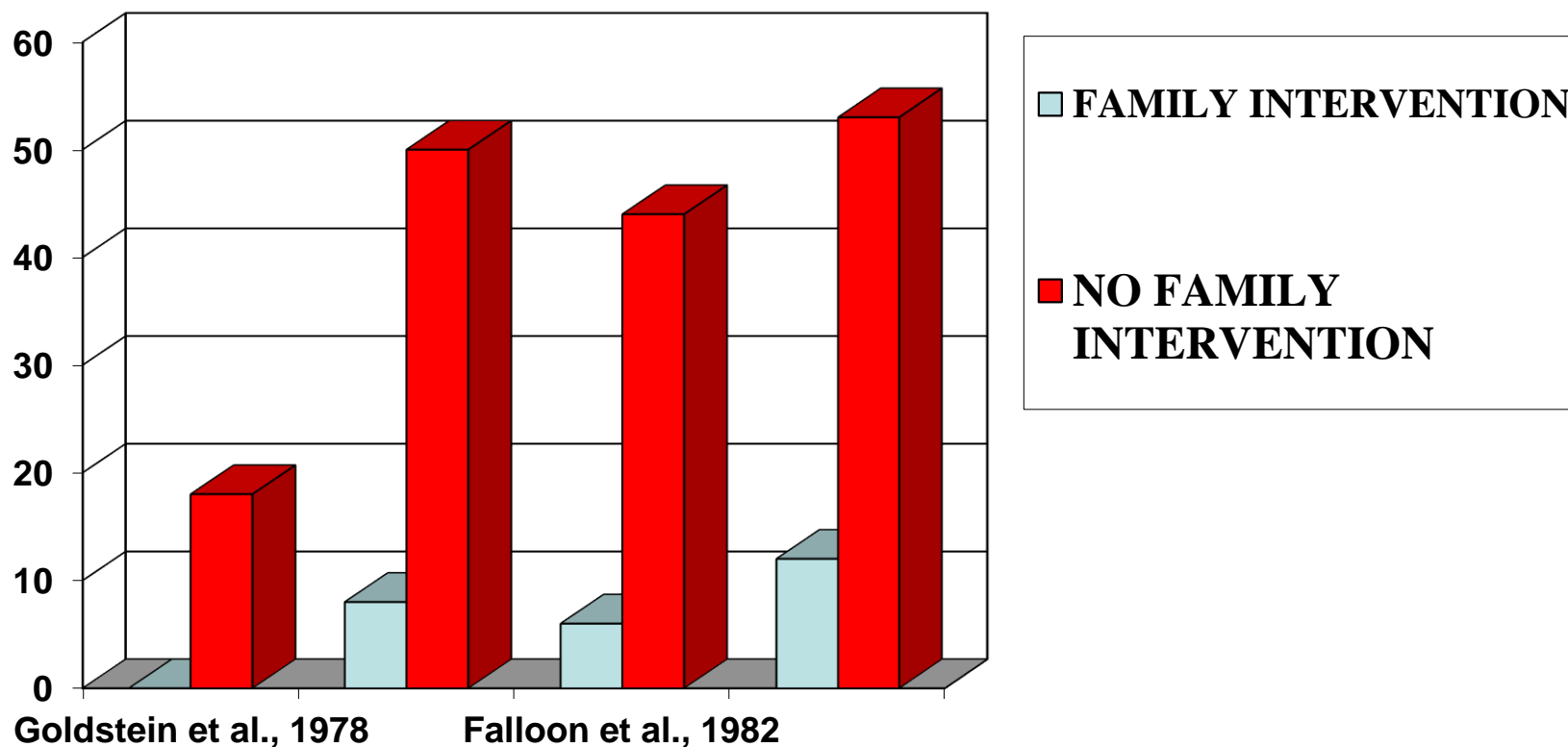
Brekke J, Mathiessen: Psych Services 1995: 46; 1149-55

Evert H et al.: Soc Psych Psychiatr Epidem 2003: 38(4); 180-8

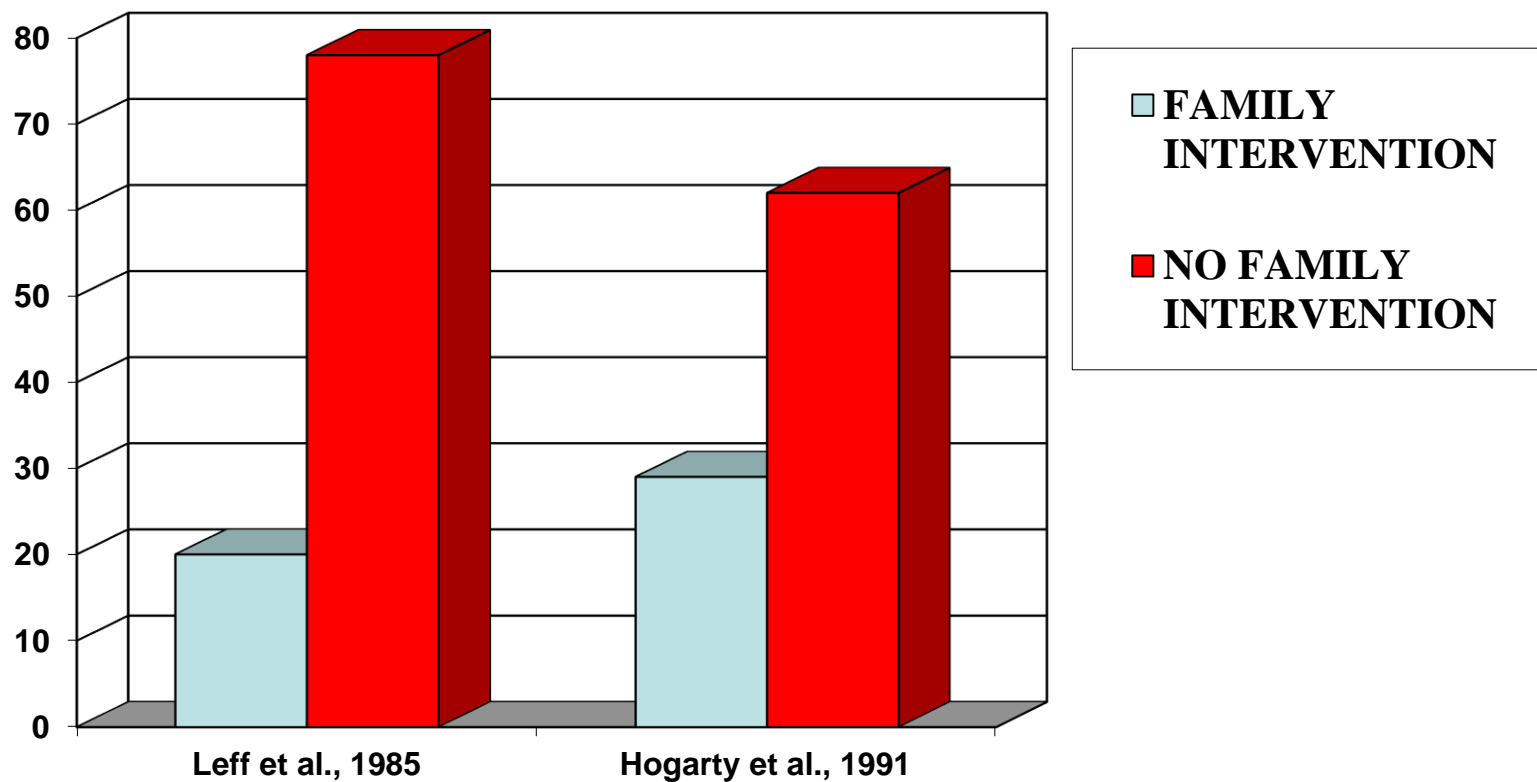
# Formal Family Psychoeducation

- Led by a professional(s) and linked to a clinical program
- Lasts 9-18 months
- Involves single or multiple families
- Usually diagnosis-specific
- Focused primarily on recipient outcomes
- Eligible for Medicaid reimbursement
- Truly evidence-based (approximately 3 decades of research evidence)

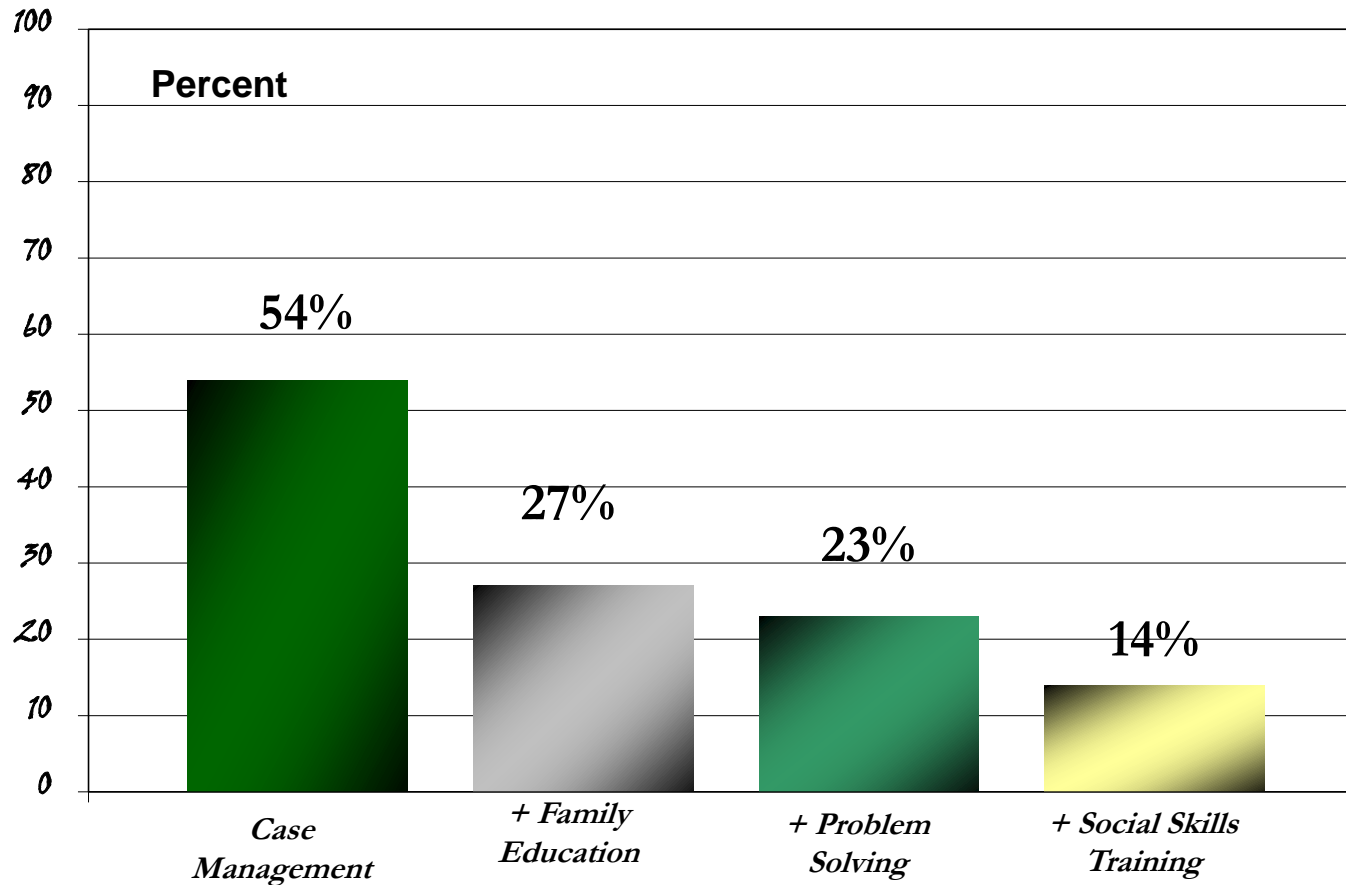
# Family Psychoeducation Outcomes: *Relapse Rates at 9 Months*



# Family Psychoeducation Outcomes: *Relapse Rates at 2 Years*



# Effect Of Adding Strategies To Medication & Case Management



Percentage of cases having episodes of florid psychopathology or other evidence of lack of efficacy of treatment after 12 months of continued care.

Falloon, IRH, Held, T, Coverdale, JH, Roncone, R, Laidlaw, TM. (1999) Psychosocial Interventions for Schizophrenia: A review of long term benefits of international studies. *Psychiatric Rehabilitation Skills*, 3, 268-290

# Benefits of Evidence Based Family Involvement

- Reduced relapse rates in schizophrenia by 20-50%
- Fewer/less severe symptoms and greater stability
- Improved adherence with medication
- Improved family knowledge, functioning and coping
- Reduced family member distress (e.g., anxiety, depression)
- Greater hope, empowerment and life satisfaction for family member

# Challenges to Implementing Evidence Based Family Interventions

- High demands (time and energy) on service providers, consumers and family members
- Long duration of services
- Relatively extensive training required
- Reaches relatively small number of consumers and family members
- What to do with consumers and family member who don't have access to or are not interested in a relatively long term intervention?
- Recognition that one size does not fit all

# What To Do

New York State Office of Mental Health in collaboration with the University of Rochester sponsored the establishment of the Family Institute for Education, Practice and Research <http://www.nysfamilyinstitute.org>

## Team Members:

Tom Jewell PhD (Consultant and Researcher)

Anne Smith MSW (Director)

Anthony Salerno PhD (OMH Co-director Evidence Based Practices Initiatives)



# Guiding Principles

- Every single one: Develop an approach that is part of the routine assessment, service planning and treatment process
- Insure that the approach reflects values that are recovery oriented, person centered, collaborative and aligned with shared decision making
- Respectful of clients autonomy
- Endorsed by clients, family members, staff and administrators
- Billable
- Practical and feasible in light of staff knowledge and training
- Minimizes demands on organizational resources
- Accessible across clinical conditions, age, settings and culture.
- Makes common sense
- Expand the definition of “Family” to be more inclusive

# Let's Define “Family”

- Many different ways to define family - can be blood relatives, non-blood relatives, immediate, extended, blended, significant others, close friends, clergy, etc.
- Most important is that the consumer defines who's in his or her family and support network

# Our Problem

The literature at the time offered little guidance on highly practical and feasible models to guide practitioners in exploring and involving one or more members of a consumer's circle of support!

# Our Solution: The Consumer Centered Family Consultation (CCFC) Approach

- Consumer Centered Family Consultation (CCFC) is a brief, education-based engagement and consultation service
- It promotes collaboration among adult consumers of mental health services, members of their family or social network, and service providers to support each consumer's recovery
- The focus of CCFC is the person/consumer with a behavioral health issue (the focus is not the family or traditional family therapy)
- There are specific shared decision-making tools embedded in the process of engaging people and their natural supports
- CCFC provides an opportunity to involve a person's natural supports in meaningful ways, as well as helping people (consumers and family members) connect to the things that they want/need

# Provider Services: Family Consultation (CCFC)

- Delivered by clinical professionals or peer specialists
- Location and duration are flexible
- Can range from 1-3 meetings
- Client may or may not be present (this should be the exception)
- Needs, wants and goal assessment are core parts of a consultation
- Can help families with illness related concerns, education, emotional support, and involving families in their loved one's treatment plan
- May include a referral to adjunct services and community supports

# 3 Phases of the CCFC Model

1. Pre-planning Meeting(s) with the client
2. Reaching Out to the family/support person
3. Planning Meeting(s) with the client and family/support person

# Phase 1 of the CCFC Process

- Practitioner has informed and engaged the client in a way that results in a decision to reach out to a specific member of the client's circle of support
  - Explained the purpose and benefit
  - Explored the circle of support
  - Addressed consumer's worries and concerns
- Practitioner and consumer have also established who will be invited to the planning meeting and what the consumer wants/needs from the family member

# Informing and Engaging the Client: Steps

- Thinking about involving people
- Discussing concerns about involving others
- Identifying someone to involve
- Discussing the first meeting with the client and the support person
- Pros & cons of involvement of family/supports
- Next Steps – reaching out to a specific support person



# CCFC Tool: Pre-planning Guide

After a consumer chooses to have their family participate in some way to help support their recovery-oriented goals, a pre-planning meeting(s) with the consumer and the practitioner is recommended prior to the family involvement actually occurring. Purpose of this pre-planning meeting includes:

- To emphasize that the consumer is in the “driver’s seat” and has choices
- To plan and list the goals/issues/topics to discuss during the family involvement (and what NOT to discuss)
- To collaboratively decide on the best method for reaching out to Family/Supports
- To prepare the consumer for the fact that Family/Supports will typically share some of their own experiences and perspectives with the practitioner
- To talk about how to handle any unexpected situations that may arise (e.g., what to do if the family raises a topic that the consumer specifically chose NOT to discuss during the planning meeting)

## Pre-Planning Meeting(s) With Consumer

After a consumer chooses to have their family participate in some way to help support their recovery-oriented goals, it is highly recommended to conduct a pre-planning meeting(s) with the consumer and the practitioner prior to the family involvement actually occurring. Reasons for this pre-planning meeting are:

- To emphasize that the consumer is in the “driver’s seat” and has choices
- To plan and list the goals/issues/topics to discuss during the family involvement (and what NOT to discuss)
- To collaboratively decide on the best method for reaching out to Family/Supports
- To prepare the consumer for the fact that Family/Supports will typically share some of their own experiences and perspectives with the practitioner
- To talk about how to handle any unexpected situations that may arise (e.g., what to do if the family raises a topic that the consumer specifically chose NOT to discuss during the planning meeting)

## Pre-Planning Outreach to Family/Supports

It is important that the consumer makes the decision on how they want to outreach to the people that they want involved. The consumer may need assistance from the practitioner about how to go about doing this task. Together the practitioner and consumer will make a plan on how the outreach is going to occur. Below are some suggestions about outreach strategies. For each strategy that involves the consumer, the practitioner may suggest practicing this task a few times prior to the consumer informing their family/supports about his or her desire to invite the family to become involved in treatment.

- The consumer wants to tell their family/supports on their own.
- The consumer wants to call their family/supports from your office.
- The consumer wants you (practitioner) to inform their family/supports by phone. The consumer can choose to be present or not present. The practitioner should be sure to tell the consumer what will be said during the outreach conversation.
- The consumer wants you (practitioner) to inform their family/supports in person or face-to-face. The consumer can choose to be present or not present. The practitioner should be sure to tell the consumer what will be said during the outreach conversation.
- Other:

## Pre-Planning Wants/Goals Assessment Tool

This tool is intended to help the practitioner and consumer start a conversation so that they can begin to identify goals and/or topics that they would like discussed and/or NOT discussed with the family.

Please answer the following questions with a rating from the scale below:

1	2	3	4
Not at all important to consumer	Only slightly important to consumer	Somewhat important to consumer	Very important to consumer

**I want my family/supports to receive:**

1. More information about the services and treatments I am receiving.....1 2 3 4
2. Information about the medication(s) I am taking and its side effects.....1 2 3 4
3. Information about the causes of mental illness to better understand me.....1 2 3 4
4. Help to talk about how my illness may be affecting members of my family.....1 2 3 4
5. Information about professional help if and when I begin to relapse.....1 2 3 4
6. Information about things they can do to help me .....1 2 3 4
7. Knowledge about how to identify signs/symptoms of mental illness.....1 2 3 4
8. Information about how to help me/them cope with my illness.....1 2 3 4
9. Knowledge about community resources for people affected by mental illness.....1 2 3 4
10. More information about my health problems.....1 2 3 4

# CCFC Tool: Decision Guide for involving family or friends to support treatment and recovery



What is this guide about?

This guide helps adults with whole health concerns and their clinicians. It's a tool for making decisions about whether and/or how to involve family members or friends in support of whole health goals and treatment.

## Decision Guide Consumer Centered Family Consultation

This guide helps adults with mental health, substance use and physical health concerns and their providers. It's a tool for making decisions about whether to involve your family members or friends to help with your whole health recovery goals and treatment.

### Step 1 Thinking about Involving People

Let's talk about people who care about you and people you trust. Let's talk about how they might help support your recovery. This is important because studies show treatment is more effective and recovery is better when we have support from people important to us. When families feel supported, they are better able to assist their loved ones. Involving others is **your choice**, and **you decide** what kind of help, if any, you prefer. Family or friends may help you by:

- Providing information that helps develop a quality service plan
- Providing information about warning signs and triggers for relapse
- Being part of a staying well plan, and agreeing to help in difficult times
- Encouraging and supporting your recovery efforts
- Learning about your whole health needs, and how to respond in ways helpful to you
- Learning about your goals, and how to support your efforts to achieve them

### Step 2 Discussing Concerns

People may have concerns about including family or friends in their treatment. If so, we can discuss these so you can make the best decision for you.

Here are some common concerns:

- ☐ In the past, when my family members met with a clinician, it was uncomfortable or upsetting
- ☐ I'm concerned that you, my clinician, will listen more to them and take their side instead of mine.
- ☐ I'm worried you might change your opinion of me.
- ☐ I don't want to burden others.
- ☐ I want to protect my privacy.
- ☐ The people I want to include don't want to be involved.
- ☐ If I ask and they refuse, I'll feel hurt or rejected.
- ☐ I want to manage my mental health, substance use and physical health concerns on my own.
- ☐ Involving others would be too stressful.
- ☐ Other concerns.

Let's talk about any other concerns you may have...

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### Step 3 Possible Support People

Let's think about people in your life, either family members or friends, who support you in difficult times, or those who help you to achieve your personal goals.

- ☐ Who do you spend holidays or birthdays with?
- ☐ Who do you turn to for support or help when you need it?
- ☐ Whose praise or encouragement makes you feel good?
- ☐ Who phones, emails or sends you letters or cards?

List who you might consider involving in your treatment and recovery:

Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

### Step 4 1<sup>st</sup> Meeting & Beyond (Describe CCFC or other type of involvement)

Consumer Centered Family Consultation involves one to three meetings between you, your supports and your clinician. It's an opportunity for your supports to learn important information about your whole health treatment and how to support your recovery and overall health and wellness. You are at the center of all decisions – who to invite and what topics to discuss. At the first meeting, we usually connect with one another, and later typically will review important information that you want discussed, such as:

- General guidelines about how family members or friends may support you
- Your treatment program, team and services and who to contact with concerns
- Mental health diagnoses, treatments and services
- Physical health problems, treatments, needs and goals
- Additional resources from the treatment program, agency, and community that may help you and your loved ones

### Step 5 Pros & Cons of Family/Supports Involvement

Is the Consumer Centered Family Consultation right for you? Together let's come up with a list of your pros and cons...

Pros \_\_\_\_\_ Cons \_\_\_\_\_

### Step 6 Next Steps

Involving others is an important decision. Make it carefully. Before you choose, here are steps you may wish to take:

- If YOUR decision is to move forward with CCFC... the most immediate next step... is to have a pre-planning meeting (between the consumer and practitioner)
- Give a copy of the Consumer Centered Family Consultation brochure to your family member or friend to read
- If you're unsure, agree to talk about it later
- If you're not comfortable with this, we'll put it aside

# Phase 2 of the CCFC Model

- Reaching out to the identified member of the consumer's circle of support
- Informing and engaging the family/support person
  - ✓ Who extends the invitation?
  - ✓ How is the invitation made?
  - ✓ What is explained to the family/support person?

# Keep in Mind...

- This is an invitation. Family members can and sometimes do say “no thanks”
- It's important during pre-planning meetings with the consumer to prepare them for the possibility stated above
- There are still options if/when a family declines, for example:
  - There may be a different support person to identify/consider
  - The family may re-consider and call back
  - Outreach in future can occur (e.g., changed circumstances; different goal; or after time has passed)
- Family member may be willing to meet with practitioner alone before committing to a meeting involving the client. Explore this possibility with the client



# CCFC Tool: CCFC Brochure - Helpful Information for Clients and Social Supports

A brief service for consumers of mental health services, their chosen support system, and their clinician – all working together to support the consumers' recovery process



## HOW DOES THE FAMILY GET INVOLVED?

Once the consumer has identified a person or persons who may be helpful in supporting his/her treatment and recovery, a mental health professional will typically contact the family member(s) and extend an invitation to participate in an initial Family Consultation meeting. Ideally, the consumer will be a meaningful part of extending the invitation to his/her family. The requested commitment of family member(s) will be to attend a single meeting, which may last up to one hour. Any desire or need for additional meetings will be addressed in the initial consultation.

Attach agency  
contact  
information  
below

Family  
Institute

for Education, Practice & Research



## Consumer Centered Family Consultation

*The Family Institute for Education, Practice & Research is pleased to provide the following information for families of consumers undergoing treatment or hospitalization for mental illness and/or substance use. It is our hope that this brochure addresses your concerns and answers many commonly asked questions that you may have. Active and ongoing family support is vital to the recovery of many consumers, and it is our wish that this brochure helps you to establish an open dialogue with your family members, friends, or any other person involved in your loved one's recovery.*

Family Institute for  
Education, Practice &  
Research



# Phase 3 of the CCFC Model

## Consumer, Staff, Support Person Meeting:

- Reduce anxiety: brief casual conversation the first few minutes
- Restate the purpose of the CCFC as it relates to the client's recovery goal – provide an overview of the meeting
- Provide optimism about recovery for the consumer and possible solutions to assist with their goals
- Recognize and reinforce strengths including personal and social resources
- Identify what the client would find helpful and what the family member would find helpful
- Goal is to identify what the client finds helpful and what the family member is willing and able to do

# Phase 3: Just getting to know each other- The “First Cup of Tea”

At times, the only purpose of the first meeting is to get to know each other:

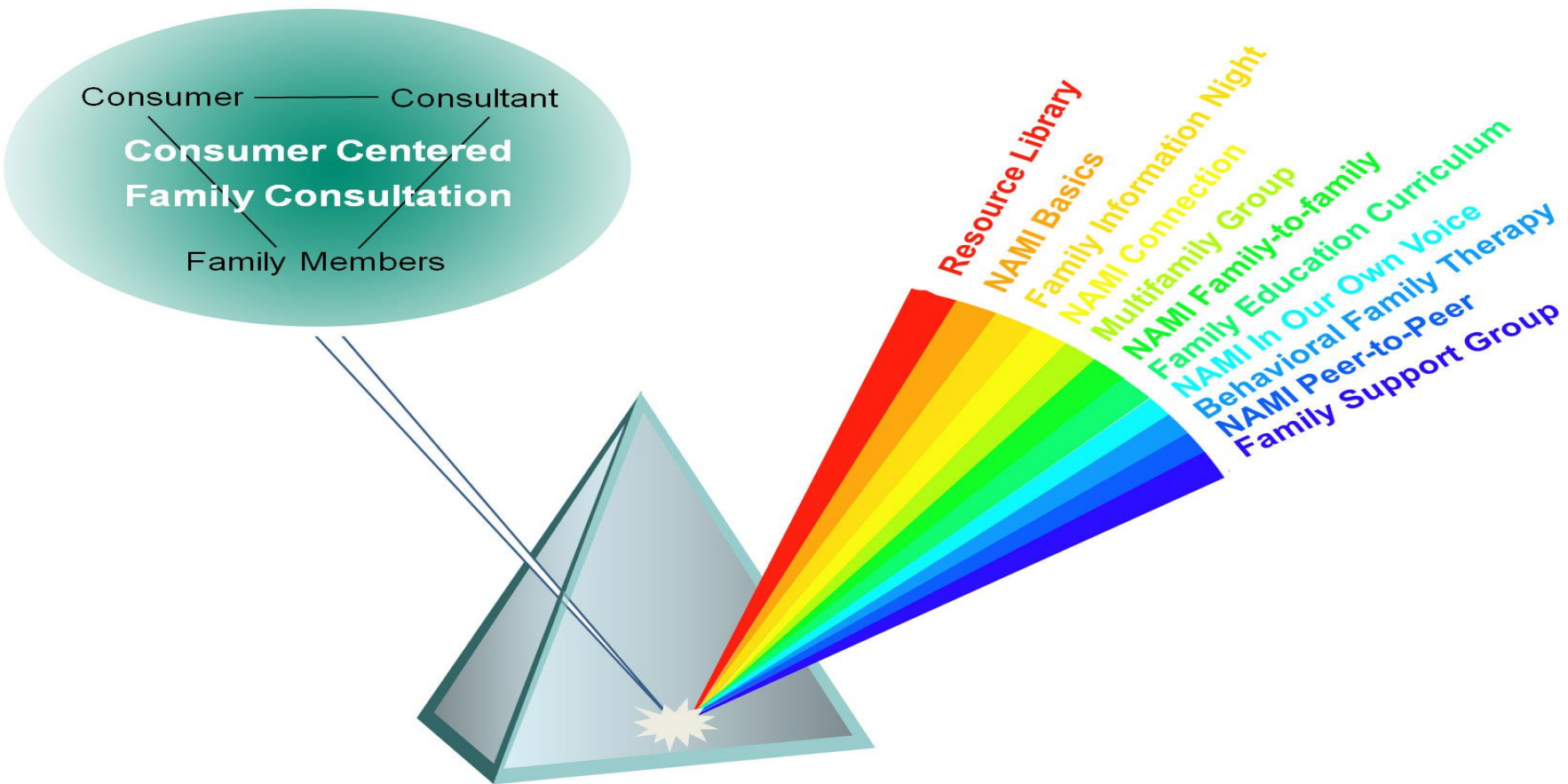
- Describe the purpose of the meeting
- Ask family members experience with this or other behavioral or other health related programs.
- Important questions he/she has about services
- Provide information about the therapists role, the services, treatments provided at the agency
- Provide information about community resources such as NAMI
- All asked to share what's been going well
- Offer client the opportunity to share what he/she would like the family member to know
- Focus on the positive
- The first meeting may provide guidance on next steps if that is decided by all

# Possible Next Steps

- No next steps (the meeting itself was helpful-either consumer, family or practitioner may initiate additional next steps in the future)
- Continue to meet (2 -3 more meetings within the framework of the CCFC approach)
- Decide on ongoing services (family support groups, multiple family groups, individual family therapy, community resources such as NAMI)

# **Family Involving Organization: Types of Family Oriented Services, Resources & Supports**

# Consumer Centered Family Consultation: Initial Path to Family Involving Services and Resources



# Spectrum of Services and Supports

- The goal is to promote a system that provides a wide range of service and support options
- A system in which access to services is supported by treatment providers, advocacy organizations, local and state government and support associations
- The spectrum of services matches the specific needs, preferences and life circumstances of families and consumers
- Flexibility and adaptations based on cultural values and preferences promote widespread access

# Spectrum of Family Services - 2 Categories

Services, supports and resources provided by:

## Behavioral health agency/program:

- Consumer Centered Family Consultation Approach
- Formal Family Psycho-education
- Family Problem Solving and Support
- Family Information Nights
- Family Education Groups
- Resource Library

# Polling Question

Please identify which of the following family oriented services you offer?

- A. Individual or Multiple Family Psycho-education
- B. Family Support Group
- C. Family Information Nights
- D. Other (indicate in chat box)
- E. None



# Spectrum of Family Services - 2 Categories

Services, supports and resources provided by:

Advocacy and support organizations (e.g. Local Mental Health Association and other community resources, NAMI):

NAMI

- Family to Family Education (12 Sessions)
- Family Support Groups
- Sharing Hope – Engaging African Americans
- Family HelpLine

# The Circle of Support Organizational Self-Assessment (COS-OSA): A Quality Improvement Tool

- Designed for programs committed to increasing family involvement
- Helps you identify strength and improvement areas if you wish to create a comprehensive family involving service system
- Helps to educate individuals about the various components aligned with family involving services

# COS-OSA Domains (download tool)

1. Policies
2. Workforce Development
3. Procedures and Practices
4. Family/friend supports, resources and services
5. Documentation

# Voice from the Field

## Barbara Di Clemente-Green

# People Service Action (PSA) Behavioral Health Agency

- PSA is a non-profit organization providing innovative programs to help adults, children and families face the challenge of severe mental illness at 20 sites and employing 200+ staff
- I am Director of In-Home Adult Respite Services. PSA serves nearly 3,000 children, adults and families annually
- Our programs include: Art Awakenings, Permanent Supportive Housing, Respite, Peer Employment Training, Integrated Services and Out Patient Counseling



# My Journey into Mental Illness

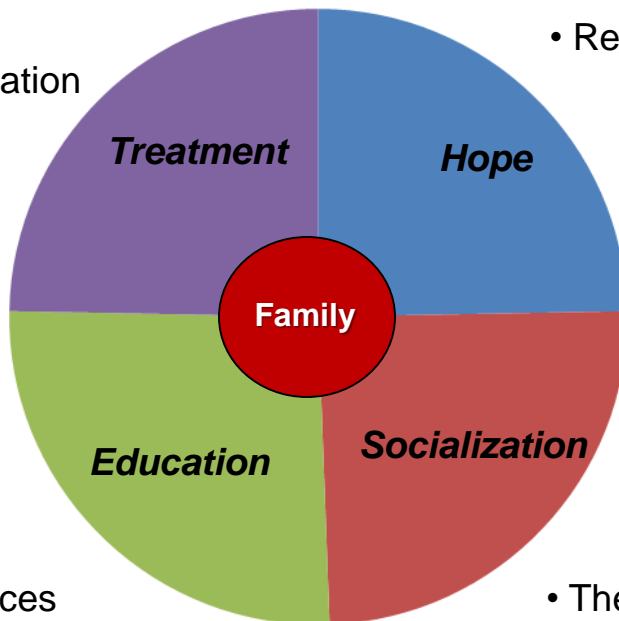
- My daughter Lindsey on her 6<sup>th</sup> Birthday is mauled by a dog at my friends home resulting in major facial reconstructive surgery and a diagnosis of PTSD
- From the ages of 6 to 8 Lindsey is besieged by both medical and psychiatric problems resulting in extremely violent behavior at home affecting the entire family
- At age 12 to 15 Lindsey starts self-harming using razor blades and candle wax
- First suicide attempt at age 15 and 2 more followed before her 18<sup>th</sup> Birthday
- Never thought that she would make it to the age of 21
- We were petrified to be alone with her and locked our bedroom doors every night. We were held as emotional hostages and lived on a roller coaster ride everyday

# The Emotional Roller Coaster

- Fear of the unknown and how little I knew about mental illness
- Horror of how she had self-mutilated and I had no control over it
- Torture of watching my daughter experience pain, suffering and being ridiculed without being able to stop it or help her
- Frustration over the lack of control related to her care, Dr's who wouldn't speak to us, walking on eggshells due to the fear of the unexpected
- Anguish when she would blame and attack me saying that this was all my fault and I had caused what happened to her
- Isolation from friends and family who thought that this was catching
- Grief over the loss of my daughter who I knew would never be the same
- Guilt over how I wished that she had been diagnosed with a brain tumor or even cancer as that could be seen on scans and there were cures for those types of illnesses

# Family Needs

- Provide social history
- Provide info on warning signs
- Provide info re on-going response to Interventions
- Monitor responses to medication



- Info on strengths, competencies, coping styles and interests
- Service the hub of the social support network
- Bolster self esteem by attending to signs of progress
- Support and refine treatment goals
- Reduced family burden and distress and changed the families climate

- Resource allocation for services
- Advocate for their support
- Validation that they can recover and provide hope

- The families morale was improved by 79%
- Families knowledge of mental illness was increased by 86%
- Knowledge of the mental health care services system increased by 86%



# Why We Decided to Implement CCFC

- Dr. Salerno's presentation at the National Council 2016 Conference on CCFC was the answer to linking consumers to families
- The CCFC was the missing link/tool that could be used to engage family members while still keeping it consumer centered
- The goal was to engage family members through the intake process so that they could become a circle of support for their loved one and be utilized in a positive manner
- This approach was used to address the need for the families to become a partner in their loved one's recovery through the power of support, example, hope, motivation and mutuality



# How We Implemented CCFC

- The implementation process included presenting the opportunity to the CEO and the Site Directors here at PSA
- In order to communicate for buy-in, a proposal was created that included the approach and the CCFC tools. However, my personal story had to be shared to solidify the buy-in
- The Clinical Directors and all staff were engaged in learning the CCFC approach which was to be conducted during the intake process
- The Site and Clinical Directors were involved in disseminating information and training related to CCFC as part of implementation
- The initial response of those who were learning the approach was negative because they believed it was going to make the intake longer. However, they soon realized the benefit was far greater because it focused on uniting consumer and families together



# What We Learned So Far

- The biggest change we've experienced since implementing CCFC is that we have increased our family membership at over 20 sites
- Utilizing this approach has taught us to allow the consumer to identify the right time to engage their family as a support and the importance of pre-planning for the "What If's" that present themselves during the intake
- The biggest challenge we have encountered is getting the staff to embrace the process and implement the approach state-wide
- The greatest benefit thus far was getting the staff to realize that this effort doesn't increase their workload; rather, utilizing this approach provides an avenue to communicate with the consumer and engage families in a cohesive recovery journey that is consumer centered
- We have received several family testimonials that provide hope and demonstrate that it gives the consumer a voice in their recovery



# Family Testimonials

PSA Respite was a saving grace to me and my family. I felt like my life was wrapped around my Mentally Ill son and the rest of the family was drowning in his disability. Barbara DiClemente's PSA Respite program gave me the courage to begin a Recovery Journey. The reprieve this program offered enabled me to breathe again, align with the right training and resources to get my life and family back  
~ Saadia Acosta Caregiver

There is no one more dedicated to providing outstanding, compassionate service than Barbara Greene and her staff. Their level of commitment is absolutely amazing - they go above and beyond in helping caregivers and their families with very challenging situations. I am so grateful for their genuine kindness, loving guidance and unending support. They are truly the 'winds beneath my wings!'  
~ Dee Psarros, Caregiver

My name is Charlene Davis and my son and I have been coming to PSA Respite for 2 months and I've really enjoyed being able to connect with people that have the same challenges we do. I would recommend it to anyone wanting support.  
~ Charlene Davis Caregiver



“Rejoice with your family in the beautiful land of life.”

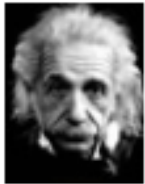
— Albert Einstein

# Consumer Testimonials

PSA Respite gave me the chance to have a life again. Without my family I had nothing. They are my support and they give me the love and means I need to be whatever I want to be. I couldn't have done it alone. Now I am living on my own and I have a chance to live my life.  
Josh

My family never gave up no matter how much I tried to push them away. This helped me move towards my recovery. I couldn't live my life the way it was going and with my families support to help pick up the pieces when they are scattered or when things went backwards I wouldn't be where I am today.  
Lindsey

I just wanted to thank you so much for your very thoughtful support of John and his family. He and his mother came in today and I was truly amazed at the progress John and especially his mother have made since you started services. I can't express enough gratitude for how you have helped. I've been in this business for several years and it is rare to find a person and organization that cares and truly supports families and members.  
THANK YOU!!!  
Johns Case Manager



“Rejoice with your family in the beautiful land of life.”

— Albert Einstein

# Summary: Family Involvement Roles

- Support and assistance with their relative's goals and recovery
- Advocacy efforts for their relative and others
- Co-lead Family Support/Education Groups
- Organizational support, guidance and implementation of services around family and consumer needs through Family and Consumer Advisory Committee
- Mentor and support to other family members

# Integrating Families Into a Recovery Oriented System: Next Steps

- Get leadership support
- Create and share a vision of what you want this system to look like
- Decide how this vision aligns with the organization's values, mission and services
- Get staff buy-in and provide training
- Identify where you can make changes
  - Assessment
  - Service Planning for consumers and families
  - Evaluation and Performance Improvement
  - Partnerships with NAMI and others

# Polling Question

As a result of this webinar, how likely are you to:

- A. Do nothing
- B. Start a conversation about how to engage families
- C. Form a committee to start family involvement activities
- D. Expand family involvement offerings



# QUESTIONS



# CONTACT INFORMATION

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# CIHS Tools and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media links for Facebook, Twitter, and LinkedIn are also present. The main content area features a large image of a group of healthcare professionals in a meeting. To the right of this image is a section titled "ABOUT CIHS" with a sub-header "SAMHSA-HRSA Center for Integrated Health Solutions". Below this, a paragraph describes the center's mission: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." A "LEARN MORE" button is located below the paragraph. To the left of the main image is a section titled "Core Competencies for Integrated Behavioral Health and Primary Care" with a sub-header "An essential foundation for preparing and further developing an integrated workforce." Below this, there are five numbered icons (1-5) and a "CALENDAR OF EVENTS" section. The calendar lists two events: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" on February 26, 2014, and "Integrating Peer Support in Primary Care" on February 27, 2014. On the right side of the page, there is a "TOP RESOURCES" section. It includes a link to "View Our RSS Feed" and two featured articles. The first article, dated February 24, 2014, is titled "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and features an image of two people climbing ladders to reach a goal. The second article, dated February 21, 2014, is titled "February Is American Heart Month!" and features an image of a hand holding a red heart. Below the second article, a caption states: "Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease."

202.684.7457

**SAMHSA-HRSA Center for Integrated Health Solutions** eSolutions newsletter

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**ABOUT CIHS**

**SAMHSA-HRSA Center for Integrated Health Solutions**

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

LEARN MORE

**TOP RESOURCES**

View Our RSS Feed

FEBRUARY 24, 2014  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014  
February Is American Heart Month!

Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.

**CALENDAR OF EVENTS**

FEB 26 Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-28, 2014

FEB 27 Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

**Please take a moment to provide your  
feedback by completing the survey at the  
end of today's webinar.**